

# PRIOR AUTHORIZATION APPROVAL LETTER

Date: January 10, 2024

Case ID: PA-2024-005

## AUTHORIZATION APPROVED

Dear Dr. Sarah Johnson,

This letter confirms that the prior authorization request has been APPROVED for the following patient and procedure:

### PATIENT INFORMATION

Name: David Brown  
Member ID: INS2024005  
Date of Birth: 11/30/1965  
Insurance: Standard Coverage - Active Benefits

### AUTHORIZED PROCEDURE

Procedure: CT Chest with Contrast  
CPT Code: 71260  
Diagnosis: Suspected pulmonary embolism  
ICD-10 Code: I26.99  
Approved Amount: \$1,800.00

### AUTHORIZATION DETAILS

Authorization Number: AUTH-2024-005  
Effective Date: January 10, 2024  
Expiration Date: April 10, 2024  
Number of Services Authorized: 1  
Priority Level: MEDIUM  
Processing Method: CLINICAL REVIEW APPROVAL

### CLINICAL JUSTIFICATION

- This authorization was approved based on comprehensive clinical review:
- Clinical guidelines review: PASSED
  - Medical necessity criteria: MET
  - Similar patient approval rate: 92%
  - Insurance coverage verification: CONFIRMED
  - Member verification: PASSED
  - Gap assessment: NO GAPS FOUND
  - ML prediction model: APPROVAL RECOMMENDED

This approval letter was generated following comprehensive clinical review by the Intelligent Prior Authorization System (IPAS) with physician oversight.  
For questions or appeals, please contact Member Services at 1-800-XXX-XXXX.  
Provider Services: 1-888-XXX-XXXX | Fax: 1-877-XXX-XXXX